ame (p	Galloway Washoe Control	pplicable)	77	1 - 229 - L	rict (if applicable)
1	100 Greensoury Giras		110	Telephone No.	
ailing	Address (include city and zip code)	1 1 -1			01110 17
	Appropriate Box(es) CANDIDATE PAC	POLPRTY [IND EXP NO	NPROFIT CORP	PM 12: 17
	☐ LEGAL DEFENSE FUND ☐		R	WASHOE CO	OUNTY VOTERS
X	Annual Filing - Due January 15, 2008 Period: January 1, 2007 - December 31, 2007				
	Report #1 — Due August 5, 2008* Period: Jan. 1, 2008 — July 31, 2008				
]	Report #2 Due — October 28, 2008* Period: Aug. 1, 2008 — Oct. 23, 2008				
	Report #3 Due — January 15, 2009*/** Period: Oct. 24, 2008 — Dec. 31, 2008			FOR OFF	ICE USE ONLY
	Annual Filing - Due January 15, 2009 Period: January 1, 2008 - December 31, 200	08		TOKOT	OL OCC STATE
*	These Reports are filed by incumbents/candi * Third Report suffices for 2009 Annual Filing i	dates running f candidate al:	for office in the so filed Report I	2008 election cyllos. 1 and 2	Cumulative
	CONTRIBUTIONS SUMMARY			This Period	From Beginning of Report Period #1 through End of This Reporting
	Total Monetary Contributions Received in Excess of \$10	0		\$450	Period
	(See page 1 of instruction sneet) 2 Total Monetary Contributions Received of \$100 or Less			0	
	(See page 2 of instruction sheet) 3. Total Monetary Contributions in the form of loans guard party. (See page 2 of instruction sheet)	anteed by a third		0	
	Total Monetary Contributions in the form of loans that w (See page 2 of instruction sheet)	vere forgiven		A	
		This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period		
	5. Total Amount of Monetary Contributions Received		, und	450	
	(Add Lines 1 through 4) (See page 2 of instruction sheet) 6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as	Д			
	contribution (monetary or in kind)) (See page 2 of instruction sheet) 7. Total Value of In Kind Contributions Received in	#	THE RESERVE		
	Excess of \$100 (See page 2 of instruction sheet)	XPENSES SU	MMARY		
	Total Monetary Expenses Paid in Excess of \$100			1362.6	3
	(See page 2 of instruction sheet) 9. Total Monetary Expenses Paid of \$100 or Less			192.5	
	(See page 2 of Instruction sheet) 10. Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 2 of instruction s	heet)		1,555.1	3
	Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet) Disposition of Unspent Contributions				
	(Only reported on Report #3, Annual Report or 15th day of the second month after candidates defeat or incumbent does not run for reelection)				
	(See page 3 of instruction sheet)				
	(See page 3 of instruction sheet)	AFFIRMAT Foregoing is T	TION rue and Correct		
	(See page 3 of instruction sheet) I Declare Under Penalty of Perjury That the Function Salloway aka James	AFFIRMA oregoing is T	TION rue and Correct	. 1 1	18

2007 Ann	val
Report Period	#

CHIVITA	GIT CONTINUES.		
Tim	Galloway	Washoe County Commissione	r District 1
Name (print)		Office (if applicable)	District (if applicable)
racino (pinte)			

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
Karen Wells 1580 Cirale Dr. Reno. NV 89509	7/26/07	\$250.00			
Karen Wells 1580 Cirale Dr. Reno, NV 89509 William & Lois Avery 2900 Fantasy Lane Sparks NV 89436	8/16/07	\$ 200.00			
					Contract Con
		(4)			
				,	
1					

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Jim	Galloway	Washoe	Count	y Commissioner
To to do to		ALSE DIESELE	Office (if a	pplicable)

District /

Name (print)

Office (if applicable)

District (if applicable)

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
None		

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PAGE 3 OF 8

Vim Galloway

Washoe County Commissioner
Office (if applicable)

District / District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	1
Other miscellaneous expenses	J

** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

PAGE 4 OF 8

Jim Galloway

Washer County Commissioner
Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Voices for Truckee Meadows PO BOX 2327 Reno, NV 89504	J	1/19/07	\$ 750.00
Alan Galloway 1138 Pine Ave San Jose, CA 95125	F	3/22/07	150.00
Costco 2200 Harvard Way Reno NV 89502	Н	8/10/07	190.66
Scolaris 4778 Careblin Pkwy Rene NY 89509	H	8/12/07	271.97

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PAGE 5 OF 8

Jim	Galloway
Name (print)	ALEXANDER OF THE PARTY OF THE P

Washee Office (if	County	Comm	issioner
Office (if	applicable)		

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
None						
			100			
week in						

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PAGE 6 OF 8

Jim	G	all	OW	ay
Name (print)				1

Washoe County Commissioner
Office (if applicable)

In Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT
None		

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PAGE 7 OF 8

Jim	Gallo	way
Name (print)		-

Washoe County Commissioner
Office (if applicable)

District / District (if applicable)

IN KIND

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
None			

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

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